

Hypotension

INITIAL RESPONSE

- ✓ Check rhythm and confirm BP reading
- ✓ Assess mental status by verbal and tactile stimulation
- ✓ Ensure adequate oxygenation and ventilation
- ✓ Administer a fluid bolus

FOLLOW-UP RESPONSE

- ✓ If no response to fluid bolus, inform the team and suspend the procedure
- ✓ Turn to supine position
- ✓ Call for assistance

THINGS TO CONSIDER

- ✓ Suspend the procedure
- ✓ Was anything done during the procedure that may be causing the hypotension?
- ✓ Does the patient have any comorbidities that may explain the hypotension?
- ✓ Admission or ED referral if hypotension is severe and sustained

Hypertension

INITIAL RESPONSE

- ✓ Check rhythm and confirm BP reading
- ✓ Differentiate baseline HTN from procedural stimulation or inadequate sedation
- ✓ Titrate sedation to desired level

FOLLOW-UP RESPONSE

- ✓ Inform team
- ✓ Define acceptable BP range and suspend procedure if BP exceeds this range

THINGS TO CONSIDER

- ✓ Suspend the procedure
- ✓ Did the patient miss routine antihypertensive medications that may be administered orally after the procedure?
- ✓ Admission or ED referral if HTN is severe and sustained

Hypoxia

INITIAL RESPONSE

- ✓ Verify pulse oximeter probe placement and waveform
- ✓ Verbal stimulation (encourage patient to take a deep breath)
- ✓ Chin lift/jaw thrust
- ✓ ↑FiO₂ (increase oxygen flow or change to high flow oxygen mask)
- ✓ Check for clinical signs of effective ventilation, respiratory distress or cyanosis
- ✓ Check vital signs frequently

FOLLOW-UP RESPONSE

- ✓ Inform the team
- ✓ Place nasopharyngeal or oral airway as needed
- ✓ Initiate bag-mask ventilation if no respiratory efforts
- ✓ Place patient in the supine position

THINGS TO CONSIDER

- ✓ Suspend the procedure
- ✓ Administer reversal agents
- ✓ Aspiration risk?
- ✓ Should the case be rescheduled and performed in consultation with anesthesiology?

Bradycardia

INITIAL RESPONSE

- ✓ Check rhythm and measure BP
- ✓ Assess mental status by verbal and tactile stimulation
- ✓ Treat bradycardia if patient is hypotensive and/or HR < 35 bpm

FOLLOW-UP RESPONSE

- ✓ Inform team
- ✓ Administer atropine 1 mg IV
- ✓ Administer a rapid fluid bolus if there is accompanying hypotension

THINGS TO CONSIDER

- ✓ Suspend the procedure
- ✓ Is bradycardia vagal response to the procedure?
- ✓ Did the patient have any cardiac conduction abnormalities that may have evolved into complete heart block?
- ✓ Admission or ED referral if bradycardia is severe and sustained

Tachycardia

INITIAL RESPONSE

- ✓ Check BP, heart rhythm and ST segments
- ✓ Assess if sedation level adequate
- ✓ Rule out supraventricular tachycardia
- ✓ Is tachycardia due to inadequate sedation?

FOLLOW-UP RESPONSE

- ✓ Inform team
- ✓ Treat sinus tachycardia with beta blockers if ischemic changes or if patient is at risk for ischemia, regardless of presumed cause
- ✓ Administer sedatives if inadequate sedation
- ✓ Administer a rapid fluid bolus if there is accompanying hypotension

THINGS TO CONSIDER

- ✓ Suspend the procedure
- ✓ Has there been a change in the patient's baseline rhythm?
- ✓ Did the patient miss routine beta blockers that may be administered orally after the procedure?
- ✓ Admission or ED referral if tachycardia is severe and sustained OR with change in rhythm from baseline

Agitation/Difficult to Sedate

INITIAL RESPONSE

- ✓ Provide verbal reassurance
- ✓ Allow adequate time for drug onset
- ✓ Slowly titrate drugs to desired effect
- ✓ Check vital signs frequently

FOLLOW-UP RESPONSE

- ✓ Do not start the procedure until conditions are adequate

THINGS TO CONSIDER

- ✓ Suspend the procedure
- ✓ Hypoxia may cause agitation
- ✓ Is the patient on chronic opioid or benzodiazepine medications?
- ✓ Comorbidities may delay the time to peak effect for certain sedative agents
- ✓ Local anesthesia toxicity alters mental status
- ✓ Should the case be rescheduled and performed in consultation with anesthesiology?